

KENTUCKY INSURANCE ARBITRATION ASSOCIATION
HURSTBOURNE PARK BUILDING
9200 SHELBYVILLE ROAD
SUITE 605
LOUISVILLE, KENTUCKY 40222
502-327-0372

DOCKET # _____

DATE RECEIVED _____

(Lower right hand section to be filled in by respondent)
1 copy to Arbitration Secretary
1 copy direct to applicant

APPLICANT

RESPONDENT

Three copies to Arbitration Secretary
3 copies direct to respondent

REPARATION
OBLIGOR _____

REPRESENTATIVE _____

ADDRESS _____

PHONE NUMBER _____

INSURED _____

FILE NUMBER _____

Place of Accident _____

FILING FEE - \$10.00

APPLICANT’S ALLEGATIONS

Is this a Counterclaim? Yes__ No__
(If this is a counterclaim the original MUST be Identified)

Damages Claim by
Reparation Obligor: _____

Explain: _____

Has Settlement been attempted at least 60 days
prior to this application? _____

Are you aware of pending claims or suits arising out
of the same accident? _____

Explain: _____

Do you request deferment in accordance with
Arbitration Rule 8? _____

Do you waive deferment? _____

RESPONDENT REPRESENTATIVE

Will Reparation Obligor have personal representation
at hearing? _____

If not, do you waive NOTICE OF HEARING? _____

CONTENTIONS: Applicant and Respondent—attach separate sheet and submit supporting documents

I hereby certify that 3 copies of this application were
Mailed this _____ day of _____,
To _____

Date _____

RESPONDENT’S ALLEGATIONS

If Insurance Company
Do You Admit Coverage? Yes__ No__
(Failure to answer the question or an affirmative answer,
Prior to an award shall be deemed a waiver of ANY
Coverage defense)

Do you admit Liability? _____

Amount of Damage Conceded, If any: _____

Has Settlement been attempted? _____

Do you accept Arbitration? _____

Explain: _____

Are you aware of pending claims or suits arising out
of the same accident? _____

Explain: _____

Do you request deferment in accordance with Arbitration
Rule 8? _____

Do you waive deferment? _____

Will Reparation Obligor have personal representation
at hearing? _____

If not, do you waive NOTICE OF HEARING? _____

Signature Applicant Representative

Signature Respondent Representative